

JULY 2000 REGULATORY SUMMARY

INTRODUCTION

This document was prepared for the U.S. Army Center for Health Promotion and Preventive Medicine (USACHPPM), Directorate of Occupational Health Sciences. The POC at the USACHPPM is Mrs. Sandra Monk; Program Manager; Industrial Hygiene Management Program; DSN: 584-2439; COM: 410. 436.2439; cc:Mail: Sandra.Monk@apg.amedd.army.mil.

This document summarizes information and regulatory actions that are relevant for Army Industrial Hygiene Program personnel. We distribute this summary in electronic form only. Please make it available to your staff if they do not have direct access to an electronic copy. A copy is also posted on the Army IH Program Home Page (<http://chppm-www.apgea.army.mil/Armyih>). If you would like to be added to the electronic mailing list or if your e-mail address changes, please contact Brenda Wolbert, e-mail: Brenda.Wolbert@apg.amedd.army.mil; or call her at DSN: 584-2439; COM: 410.436.2439; fax: 410.436.8795.

At a minimum; we review the following publications in preparing this summary: [AIHA Journal](#); the [Synergist](#); [Today](#) (ACGIH's Newsletter); The [AAIH Newsletter](#); OSHA Week; the [Federal Register](#); BNA OSHA Reporter; [Applied Occupational and Environmental Hygiene](#); The [Journal of Occupational and Environmental Medicine](#); The [Journal of Environmental Health](#); [Professional Safety](#); Safety and Health, [Occupational Hazards](#); [Occupational Health and Safety](#); and [Industrial Safety and Hygiene News](#). We also gather information from a variety of sources on the Internet using the Army IH Program Home Page as our gateway. (<http://chppm-www.apgea.army.mil/Armyih>).

If you have questions or comments; please contact Jim Evenden at jevenden@lmi.org; 410.638.2081/2086 (voice) or 2093 (fax).

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JOBS

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[Natick Labs, Natick, MA - Industrial Hygienist, GS-0690-12/12](#)

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OSHA STANDARDS

None

OSHA PROPOSED RULES

None

OSHA ACTIVITIES

OSHA Directives

[CPL 2-1.28](#) - Compliance Assistance for the Powered Industrial Truck Operator Training Standards

OSHA Inspection Rate Rebounds

Source - National Safety Council - July 2000

After hitting a plateau, OSHA's inspection and citation activity has been on the rise. OSHA performed 17,651 inspections in the six months through March 31, the first half of its fiscal 2000 a 14% increase over the 15,426 inspections conducted in the six months through March 31, 1999. That included a 29% gain in programmed inspections, to 9,209.

The new emphasis on high-hazard sites, as shown by OSHA 200 logs rates, was reflected in a 16% rise in citations for the more-significant violations, willful, repeat and serious, to 27,097 violations in the six months ending March 31, from 23,280 a year earlier. But total cited violations rose almost as much, percentage-wise, to 40,042 from 34,665. Finalized or proposed penalties during the latest six-month period were up 20%, to \$43.8 million.

The total inspection pace had risen sharply from a low in fiscal 1996, which was caused by budget constraints and other problems, but then leveled off at around 34,400 for fiscal 1997 through fiscal 1999.

OSHA Scrambles to Finish Ergonomics Standard

Source - OHHAZARDS.COM

An interview with a top OSHA official revealed no decisions had been made on five key areas where revisions to the proposed Ergonomics standard are likely: worker removal protection, the grandfather clause, trigger, clarifying when one is in compliance, and the standard's scope.

The agency faces an official deadline of sorts sometime in September, because the final rule must be sent to the Office of Management of Budget (OMB) for review before it can be finalized. These reviews normally take 90 days, and with a standard as complex and controversial as ergonomics it could take longer.

Opponents of the proposal have accused OSHA of ignoring public comments on the rule. But there is some evidence that the agency is taking these comments very seriously. Because of the public record, the "scope" of the revisions to the proposal is expanding, in more ways than one.

Source - National Safety Council - July 2000

OSHA Finalizes Self-Audit Policy

Government safety inspectors will not routinely request that employers who voluntarily evaluate work sites for potential safety and health problems provide the findings to the government during safety and health inspections. In formalizing the policy first announced last October, OSHA said that a voluntary evaluation -- or "self-audit" -- will not be used to justify a citation if the hazard has been corrected and the employer has taken steps to prevent its recurrence. OSHA also said that a voluntary self-audit, when coupled with a "good faith" attempt to correct an existing hazard, will eliminate a potential "willful" violation of the Occupational Safety and Health Act of 1970 and result in penalty reductions. Although not required, OSHA took the unusual step of requesting public comment on last year's draft. Among the suggestions that OSHA incorporated into the final policy are:

- ?? Expanding the definition of "self-audit" to include evaluations conducted by a third party;
- ?? Broadening the types of people who may conduct self-audits to include competent employees and management officials;
- ?? Ensuring that OSHA personnel are fully trained in this policy so that it will be consistently applied; and,
- ?? Allowing employers to provide self-audits report as evidence of "good faith" attempts to fix hazards.

The policy, effective immediately, appeared in the July 28, 2000, Federal Register, . (Volume 65, Number 146) Pages 46498-46503

FOR FURTHER INFORMATION CONTACT: Richard E. Fairfax, Occupational Safety and Health Administration, Directorate of Compliance Programs, Room N-3603, U.S. Department of Labor, 200 Constitution Avenue, NW, Washington, DC 20210, Telephone: 202-693-2100. The final policy can be found at :

http://www.osha-slc.gov/FedReg_osha_data/FED20000728.html

OSHA and FAA Sign Memorandum of Understanding

Source – OSHA homepage

In an agreement signed today, the Occupational Safety and Health Administration (OSHA) and the Federal Aviation Administration <http://osha.eu.int/eu-us/>(FAA) pledge to work together to improve the working conditions of flight attendants while aircraft are in operation. The two agencies are forming a team to review OSHA standards on recordkeeping, bloodborne pathogens, noise, sanitation, hazard communication and access to employee exposure and medical records. The team will also look at whistleblower protections. The joint team is to report its findings on applicability of these OSHA requirements by Dec. 6. Based upon the recommendations of the joint team, FAA will issue a proposed new policy statement on application of OSHA regulations to flight attendant safety and health and request public comment. In turn, OSHA has agreed to consult with the FAA before proposing a standard that would apply to these employees to determine whether aviation safety would be compromised. Under the MOU, OSHA will continue to enforce its

standards for other aviation industry employees, such as maintenance and ground support personnel. FAA will continue to cover the flight deck crew, e.g., pilots and co-pilots. The MOU signed today is available on OSHA's website under "What's New" or through the subject index under Memorandums of Understanding.

Web-Based Training: What's OSHA Position?

The agency's position is outlined in three "letters of interpretation", the most recent one written to an environmental training firm in October, 1999, by OSHA chief Charles Jeffress. All three letters focus on the issues of hands-on training and trainer availability. Jeffress makes these points:

- ?? OSHA does not approve or endorse specific training programs.
- ?? In general, OSHA encourages the use of hands-on training, even in refresher courses.
- ?? Hands-on training typically involves trainees interacting with equipment and tools in the presence of qualified trainers.
- ?? Specifically focusing on Hazwoper training, employers could decide that hands-on training is unnecessary - if employees' skill levels are high enough and employees remain competent in their jobs.
- ?? Employers must give trainees the chance to ask questions and receive answers. When web-based or computer-based training used, a telephone hotline or email satisfies OSHA's requirement, if responses come from a qualified trainer in a timely manner.

In a 1997 response to an inquiry about computer-based training, OSHA stated that "use of computer-based training by itself would not be sufficient to meet the intent of most of OSHA's training requirements... OSHA urges employers to be wary of relying solely on generic 'prepackaged' programs" in any format due to the need for hands-on training and the opportunity to ask questions about unfamiliar material. "It is unlikely that sole reliance on a computer-based training program is likely to achieve these objectives," according to OSHA.

OSHA CONGRESSIONAL ACTIONS

None

TECHNICAL ARTICLES OF INTEREST

CDC Reports on Bioterrorism Risks

The Centers for Disease Control, along with NIOSH, the National Center for Environmental Health and several other CDC institutes, have completed a strategic plan for preparedness for the response for and response to biological and chemical terrorism.

The plan calls for greater cooperation and coordination among medical and public health professionals, along with emergency management, military and law enforcement officials. It outlines U.S. vulnerability to biological and chemical terrorism, discusses preparedness activities and outlines key focus areas. The plan calls for full implementation of its recommendations by 2004. To read the complete report, go to the website at:

<http://www.cdc.gov/epo/mmwr/preview/mmwrhtml/rr4904a1.htm>

Database Brings NIOSH Publications Together

NIOSH has launched an online bibliographic database with citations for scientific publications written or funded by NIOSH and links to non-NIOSH publications in the National Library of Medicine's MEDLINE database. NIOSHTIC-2, the new database, currently includes more than 16,000 publications from 1971 to 1998. Abstracts are included when available. The database can be searched by topic, author, title, year and keyword. To access NIOSHTIC-2, go to

<http://www.cdc.gov/niosh/nishtc-2.html>

NIOSH Report Finds Wildland Firefighters Can Be Exposed To High Levels of CO

Source – NIOSH Homepage - July 2000

A recent report by NIOSH said that wildland firefighters can be exposed to high levels of carbon monoxide during as much as 25% of their firefighting efforts and that exposure monitoring and control programs can be established to aid in reducing firefighters' exposure to smoke components. Other issues such as the availability of equipment and training, consistent documentation of monitoring conditions, and a written smoke exposure management plan, still need to be further addressed and evaluated. Previous research demonstrated that carbon monoxide could be used as a surrogate measure of other smoke-related exposures and could provide guidance for when firefighters should use administrative controls or air-purifying respirators. The data collection effort lasted for one summer firefighting season, with approximately 90 days between training and the last data gathered. The four trained crews were dispatched to 41 wildfires in Colorado, Florida, and Idaho. During 8 of the 41 monitoring periods, CO exposures exceeded the NIOSH recommended ceiling exposure limit of 200 ppm. During 10 of the monitoring periods, measured CO concentrations exceeded the ACGIH's excursion limit of 125 ppm. However, TWA exposures were all within current occupational exposure limits.

Researchers found that firefighters who participated in the project were much more aware of their exposures, which enabled them to take an active role in controlling their exposures and also allowed for efficient data collection. But there were also limitations of having firefighters collect data. Computer resources were inadequate and firefighters had inadequate computer knowledge to carry out the data logging aspects of the program. Radio frequency interference also proved to be a problem. Some firefighters were also reluctant to use unfamiliar technology, and monitors were often left behind when crews went to fight fires.

The research institute recommended that fire management and safety officers should:

Consider using CO monitors primarily to manage firefighters' acute overexposure to components of smoke;

Develop a written smoke exposure management plan; and

If using CO monitors for an overall exposure monitoring/recording program, designate personnel with prime responsibility for CO monitoring, train them in the use of monitors and related computer functions, and have them train firefighting crews about the goals of monitoring program, fundamentals of operating monitors, and what to do when the alarm sounds.

Survey Says Miners' Risk of Lung Disease Grows With Age and Years of Drilling

Source NIOSH – CDC

The prevalence of silicosis in surface coal mine drillers increases with the age of the miners and their years on the job, according to an X-ray survey conducted by federal and state agencies. The survey found evidence of silicosis in 83 of 1,236 miners studied, or 6.7%. However, the proportion of miners with evidence of silicosis jumped to 46% among miners with more than 20 years of drilling experience, "indicating that years of age and years of drilling experience" are associated with increased risk.

The voluntary screening of approximately 1,200 miners was conducted at five mining sites in the bituminous coal fields of Western Pennsylvania, and at three anthracite coal fields in eastern Pennsylvania. The screenings were divided by coal type and region because of differences in geology and mining practices. X-rays were taken and information was collected on lung function, miner demographics, workplace exposures, and medical, work, and smoking history. The mean age of miners with silicosis was 50.6 years, and for those without silicosis it was 45.6 years. "Compared with miners aged 30 years, miners aged 40, 50, and 60 years had progressively increased odds of silicosis," the study found. The report pointed out that the latency period for silicosis, which can be several years to several decades following exposure, "makes it difficult to determine a specific source of exposure in workers."

Silicosis is an occupational respiratory disease caused by inhaling respirable crystalline silica dust. The disease is irreversible, often progressive even after exposure has ceased, and potentially fatal. No effective treatment exists for silicosis and prevention through exposure control is essential. Effective engineering controls in the mining environment include the use of "wet" drilling systems, dust collection systems, the use of enclosed, air-conditioned cabs with a filtered air supply. Silicosis is not limited to coal mining. Problems with silica exposures have been associated with rock drilling in roadwork, cutting into concrete, and grinding off sections of road surfaces. High exposures have also surfaced in foundries.

According to OSHA, more than a million workers are exposed to crystalline silica, with roughly 1 00,000 at high risk of adverse health threats. In June 1999, OSHA began holding meetings on a silica exposure standard and felt that an expanded silica standard will update the agency's current permissible exposure limit for silica and require various controls and medical monitoring.

OTHER ITEMS OF INTEREST

The Meaning of Outdoor Air Microbial Levels

Source - Aerotech Laboratories, Inc

When performing indoor air quality investigations that require microbial sampling an important consideration is where and when to take indoor and outdoor samples. A key component of any IAQ investigation is the outdoor air sample. It provides crucial information that helps determine not only whether there is an indoor air amplification site or reservoir, but also potential sources for the indoor air problem. Outdoor air is the ultimate source for many bioaerosols and for organisms that can eventually contaminate indoor air. The outdoor air may contain pollen, plant spores, fungal spores, bacteria and bacterial spores, algae, and viruses. These microscopic contaminants can enter structures through a number of sources including: doors, windows, structural cracks and ventilation intakes. When an indoor air quality investigation is performed it is crucial to have data from outdoor samples to help determine whether indoor contaminants are being generated within the structure or are from infiltration of outdoor contaminants.

Outdoor samples should be taken at approximately the same time as indoor air samples. In most circumstances the levels of indoor contaminants can be expected to be around 25% to 95% of that of the outdoor levels. If indoor aerosol concentrations are significantly higher than outdoor concentrations, or if different species are present in indoor samples versus outdoor samples, then an indoor reservoirs and/or amplification sites are likely present. An effective interpretation can be based on the comparison of these indoor and outdoor samples.

There are a number of considerations to be made with regards to taking and interpreting outdoor samples during an IAQ investigation. Key among these considerations is weather, time of day, and the location of the sampler. When sampling outdoors the temperature, wind, and humidity can have dramatic effects on collection efficiency. Sampling on days when there are strong winds can cause outside counts to be significantly higher than on non-windy days. High outdoor counts may mask small to moderate indoor mold problems since the interpretation is made on the basis of a ratio of indoor/outdoor spore counts. When sampling in windy conditions the location and orientation of sampling equipment is crucial. Ideally when using suction samplers (ex. Aerotech 6/Andersen N6/Air-O-Cell Cassettes) the inlet should be orientated into the direction of the wind, varying this orientation increases the chance of under sampling larger particles. Sampling during and after rain can skew outdoor data. Rain can remove many spore types while it assists in the dispersion of others. Sampling on rainy, foggy, or very humid days may result in outdoor counts that are low or have a significantly different distribution of spore types. Generally, rainy day micro flora differs from dry, sunny micro flora in that levels of ascospores and basidiospores may be increased. Non-viable methods will reflect this directly with increased counts of ascospores and basidiospores. Temperature can also affect the levels of outdoor contaminants as well as the method of collection. Temperature can affect impaction surface retention and temperatures at or below 0 degrees Celsius should use pre-warmed air when using agar impaction methods. Temperature and light levels also affect the natural dispersal of different types of spores and pollens and must be taken into consideration when sampling. Disturbances of exterior land can also have profound effects on the data. Outdoor activities such as

landscaping and farming can cause dramatic increases in the dissemination of bioaerosols and sampling during these times should be factored into any conclusions derived from the data.

Dust Analysis-A Predictor of Indoor Environmental Quality: IAQ Tech Tip #34

Dust is a fine heterogeneous mixture of organic and inorganic materials composed of animal fibers, vegetable fibers, pollen, silica, silt, clay, bacteria and fungi. Indoor environments typically accumulate large quantities of dust, particularly in carpets.

Poor indoor air quality (IAQ) or indoor environmental quality (IEQ) is typically associated with contaminated air, and samples are collected accordingly, often yielding potentially false negative results. Air analyses, unfortunately yield only a single snapshot in time. In sharp contrast, dust acts as a concentrator for many chemical and biological pollutants. Even when indoor contaminants are undetectable in the air, they may be at significant levels in dust. For example, the quantity of lead per square meter of carpet appears to be the single best predictor for blood lead levels in toddlers. The US Agency for Toxic Substances and Disease Registry (ASTDR) estimates that 17% of pre-school children in the United States suffer from reduced learning ability as a result of lead intake. Young children ingest lead in floor dust through frequent hand-to mouth contact. In fact, one study reported that children ingest 0.1 to 0.5 grams of dust per day. The necessity of monitoring and controlling toxic compounds in air, water and food is largely accepted and well documented. However, traditional risk models for these routes cannot predict the toxicology of floor dust.

?? <http://www.sciam.com/1998/0298issue/0298ott.html>

OSHA Regional Office Warns Employers Of Summer Heat Stroke Threat to Workers

Employers and workers should take precautions to avoid potentially life-threatening heat exhaustion, the New England regional office of the OSHA.

Steps to protect workers include drinking plenty of water and wearing light, loose-fitting clothing. The agency also advised employers to assign a lighter workload and offer longer rest periods for the first five to seven days of intense heat. That approach also should be repeated when workers return from a vacation or absence related to illness or injury, OSHA said.

Symptoms of heat stroke, which can be fatal, include severe headache, mental confusion, loss of consciousness, flushed face, and hot, dry skin. First-aid workers should be trained to recognize and treat the first signs of heat stress. Obesity, lack of conditioning, pregnancy and inadequate rest can increase susceptibility to heat stress. Employers should alternate work and rest periods, with longer rest periods in a cooler area, and schedule heavy work for cooler parts of the day.

OSHA offers three free publications on protecting employees from heat hazards, [Protecting Workers in Hot Environments](#) and the [OSHA Heat Stress Card](#), and [the Sun Card](#).

Don't Take Elevated Work for Granted

by Bob Brown, ISHN

Injuries are usually severe when someone falls from an elevated work height. Falls are the leading cause of worker fatalities in the construction industry. Each year, approximately 150 - 200 workers are killed, and more than 100,000 are injured as a result of falls at construction sites. It's frightening when I think of the chances that the average worker — or people around the house for that matter — will take when it comes to working at elevated heights. Here are six ways to protect workers from falls:

1. Handrails on walkways and stairs.

We tend to take handrails for granted, but they definitely prevent falls. We must make sure handrails are in place. Getting employees to use handrails is another challenge.

2. Portable ladders should be in good condition and used properly.

Have a ladder inspection program in place. Portable ladders must be available. If ladders are stored away from the work area, an employee will stand on a box or, simply climb on the equipment. Extension ladders and folding ladders need to be secured, if possible. Tying the ladder to a structure with a piece of rope is always a good policy. Large extension ladders require two people to set them up. We've all risked injury by trying to handle ladders that are too heavy for one person.

3. Permanent ladders with cages need to be installed when there is a frequent need to use a ladder in that location.

Systems are now marketed that place a pole inside the ladder cage for attaching a fall protection harness.

4. Use properly installed scaffolding when needed.

A scaffold is the perfect answer to your fall protection needs if you have elevated work that is only done on rare occasions. Be aware that scaffolds need to be erected by trained scaffold builders, and that there are specific rules on how and when they need to be inspected.

5. Install landings and ladders where needed.

If employees frequently need to do tasks at elevated heights, landings with permanent ladders should be installed. If you find that you are repeatedly erecting scaffolds in the same spot, you might save money by putting in a permanent landing.

6. Fall arrest equipment must be provided along with training on its proper use.

It is best to look at fall prevention, using properly guarded platforms to perform the work, before placing your employees in fall arrest equipment. When prevention methods cannot be implemented, the employees must wear fall arrest equipment consisting of a

harness similar to a vest that is attached to a tie line secured to a piece of equipment.

Wearing the harness correctly and securing the lanyard properly are two items that cause problems:

- ?? You step into some harnesses like putting on a pair of pants; others are donned similar to a vest. All have several belts and clasps that need to be secured properly.
- ?? The tie-off lifeline is simple to use, although it inhibits your movement as you work. The technical challenge comes in knowing where to tie off. OSHA standards identify the foot pounds that the tie-off area must sustain. Lifelines must be secured above the point-of-operation to an anchorage or structural member capable of supporting a minimum dead weight of 5,400 pounds. That sounds good, but identifying structures to sustain that weight isn't always easy, and there aren't always places above the worker to tie off.

EPA Proposes Rule to Reduce Arsenic in Drinking Water

Source - National Safety Council - July 2000

EPA has issued a proposed rule designed to reduce the current arsenic standard from 50 ppb to 5 ppb in drinking water. According to the EPA, the change would provide additional protection to 22.5 million Americans from cancer and other health problems.

The current standard, enacted in 1975, is based on a Public Health Standard from 1942. The revised level is based on a recommendation from the National Academy of Sciences, which recently completed a review of updated scientific data on arsenic. EPA estimates that only about 12% of the nation's community water services would need to take corrective action. For more information, visit www.epa.gov/safewater

New Publications on Water Microbes, Diseases

San Diego, USA -- 18 July, 2000

HC Information Resources has released seven new publications on topics related to Legionella, Cryptosporidium, and other waterborne microbes in home plumbing systems, whirlpool spas and baths, home humidifiers, decorative fountains, public misters, and dental water lines. Two of the most practical publications are:

?? "How to Reduce Your Risk of Legionnaires' Disease in public Places," by Matthew R. Freije, explains the risk of exposure to Legionella bacteria while in office buildings, hospitals, nursing homes, hotels, dental offices, and certain types of manufacturing facilities.

?? "Home Plumbing Systems: How to Reduce Your Risk of Legionnaires' Disease and Other Bacterial Infections," by Matthew R. Freije, covers Legionella surveys of homes and gives recommendations regarding hot water temperatures, mixing valves, hot water flushes, water heaters, plumbing repairs, water softeners, water filters, ultraviolet treatment, and new construction. The report serves plumbing professionals as well as lay audiences.

The electronic publications range in price from US \$5 to \$17. For more information, visit <http://www.hcinfo.com>, telephone 1-800-801-8050 (USA/CAN) or +1-760-451-1020, or send e-mail to hcinfo@hcinfo.com. Contact Matt Freije, 760-451-1050, mf@hcinfo.com

SEI Adopts New Testing for Responders' Protective Clothing

Source – seinet.org

The Safety Equipment Institute (SEI) has adopted new National Fire Protection Assn. (NFPA) criteria for testing chemical splash and vapor protective clothing worn by emergency responders. The two new standards to be used are the 2000 editions of NFPA 1991, Standards on Vapor-Protective Ensembles for Hazardous Materials Emergencies, and NFPA 1992, Standard on Liquid Splash-Protective Ensembles and Clothing for Hazardous Materials Emergencies. To obtain a current version of SEI's certified product list, visit www.seinet.org

Typing Injuries Drop

Source - National Safety Council - July 2000

Statistics released recently by the Bureau of Labor Statistics show a 15.6% drop in the number of repetitive typing and key entry injuries and illnesses serious enough to keep workers away from work. In 1998, workers reported 9,784 repetitive typing or key entry cases, compared to 11,600 in 1997. Though the number of injuries and illnesses attributed overall to repetitive motion injuries and illnesses also decreased, the Bureau reported that repetitive motion (such as grasping tools, scanning groceries and typing) resulted in the longest absences from work, a median

ARMY ITEMS OF INTEREST

Sampling for the Anesthetic Gas Sevoflurane

Sevoflurane, a general inhalation anesthetic drug [fluoromethyl 2,2,2-trifluoro-1-(trifluoromethyl) ethyl ether] is becoming more popular in medical applications, and is replacing other anesthetics such as isoflurane and halothane. No Federal exposure limits have been established for sevoflurane (trade name Ultane), however the National Institute for Occupational Safety and Health (NIOSH) and the American Conference for Governmental Industrial Hygienists (ACGIH) recommend control of occupational exposure to waste anesthetic gases (WAG).

Army TB MED 510, Guidelines for the Control and Evaluation of Occupational Exposure to Waste Anesthetic Gases, establishes Army exposure limits for WAG. The 8-hour time-weighted average (TWA) for halogenated anesthetic agents (such as sevoflurane) used alone is 2 ppm. When used in combination with nitrous oxide (N₂O) the limit for halogenated agents drops to 0.5 ppm. This is due to the synergistic effects of the compounds.

As the use of sevoflurane is relatively new, no sampling method is listed in Army TG 141, Industrial Hygiene Air Sampling and Bulk Sampling Instructions. The sampling protocol for

sevoflurane will be added to TG 141 in the next update. In the interim sampling for the compound can be conducted using the 3M organic vapor monitors in the same manner as required for forane (isoflurane) and halothane. If you are an Army industrial hygienist, you may send the monitors to the CHPPM-EUROPE and the CHPPM-Main laboratories that have the capability to desorb and analyze samples collected in this manner.

ARMY Publishes New Clean-up Technical Bulletin

The Army has published a new Technical Bulletin (TB) containing clean up procedures for burned or ruptured gas-particulate NBC filters.

The new TB 9-2350-364-34, Technical Bulletin on Clean Up Procedures For Burned Or Ruptured Gas-Particulate (NBC) Filters, Model Numbers M48 and M48A1, March 2000, contains specific guidance on cleaning up the interiors of M1A1 Abrams tanks following release of charcoal from an NBC filter. This guidance includes equipment and parts, procedures (clean up as well as safety and health), and assignment of responsibilities, especially to industrial hygiene assets for a participatory role.

The Technical Bulletin is accessible from the Army Industrial Hygiene Website at <http://chppm-www.apgea.army.mil/ArmyIH>. The point of contact is Mr. Stephan Graham, DSN 584-2559 or commercial (410) 436-2559.

Health Hazard Assessment Program

The Army's Health Hazard Assessment (HHA) program is designed to identify and eliminate or control health hazards associated with the life cycle management (LCM) of new materiel systems. Medical personnel assess the health hazards inherent to or resulting from the operation and maintenance of materiel systems. The HHA program focuses on potential health hazards resulting from training and combat scenarios; however, health hazards issues in any phase of the LCM may be addressed. The results of this assessment are documented in a formal HHA report. This document is used to provide developers, testers, evaluators, and users of new materiel an analysis and assessment of health hazard issues.

The hazards evaluated include acoustic energy, biological substances, chemical substances, oxygen deficiency, radiation energy, shock, temperature extremes, trauma, and vibration.

For more information on the HHA process, contact Mr. George Murnyak, USACHPPM, DSN 584-2925, commercial (410) 436-2925, or email at george.murnyak@apg.amedd.army.mil.

IH PROFESSIONALISM

Source – www.abih.org

ABIH Announces Dues to Increase in January 2001

At their April 2000 meeting, the ABIH Directors voted to increase the annual dues for Certified Industrial Hygienists from \$55 to \$75 and Industrial Hygienists in Training from \$20 to \$40. The increase is necessary to raise revenues so that the Board can continue to

serve its Diplomates in an effective manner and proceed with projects to enhance the Industrial Hygiene certification programs. This is the first increase since 1993 and only the second increase since 1987. The annual dues for the new Certified Associate Industrial Hygienist (CIAH) credential will also be \$75. In addition, the Board changed the due date for the annual fees to January 1 starting in 2001, to be consistent with standard bookkeeping practice. Previously, dues were required to be paid by the first day of March.

INTERNET NEWS

Protecting Your Privacy

Keep your business and personal computer use separate by using your home computer for personal e-mail and Internet access. Protect your Social Security number. Do not give it to retailers, utilities, credit card companies or other businesses.

Review ISP and Web site privacy policies. Check for logos that indicate that the site participates in privacy programs administered by the Better Business Bureau (www.bbb.org) or Trust-E (www.truste.com). Even then, be skeptical as membership does not ensure that the Web site actually adheres to their privacy policy.

Do not complete warranty registration cards and questionnaires. Your receipt is all you need for warranty service. Information you submit will only be added to your market research profile. "Opt out" of profiling and market research services. Opt out of DoubleClick profiling by visiting www.doubleclick.com and clicking on the "Opt Out" link in the lower right-hand corner. The ACLU lists opt-out methods for other companies at www.aclu.org/privacy/netinfo.html. Use WebWasher by going to www.webwasher.com to block online advertising and prevent cookies from tracking your online activities.

Use ZoneAlarm (www.zonelabs.com) to sleuth out spyware on your system.

Consider establishing a second e-mail account with a pseudonym for participating in sensitive e-mail lists and newsgroup discussions.

Never respond to junk e-mail. Instead, use a service like Junkbusters (www.junkbusters.com). Manage your cookie files. PC World lists several software tools to manage cookies at www.cnn.com/2000/TECH/computing/02/29/top.privacy.idg.

For the ultimate in anonymous internet networking, use an anonymous Internet service such as Anonymizer (www.anonymizer.com). For the ultimate in secure communications, use Pretty Good Privacy encryption software (web.mit.edu/network/pgp.html).

PUBLICATIONS

Respirator Equipment Resource Materials Available

The 3MR Company has offered to provide their "2000-2001 Resource Guide" as well as their "3M Respirator Selection Guide" to interested Army personnel simply by asking. The Resource Guide presents 3MR Occupational Health and Environmental Safety Products which includes respirators (with national stock number ordering information), hearing protection, air monitoring equipment and software/training materials. This Guide also

contains basic reference information including the OSHA respirator standard, basic respiratory protection program elements, respirator selection criteria, and developing cartridge change out schedules. The 3M Selection Guide is a pocket reference guide containing chemical information, occupational exposure limits, etc. (similar but different from the NIOSH Pocket Guide). By ordering your name will be added to a mailing list for future 3MR information.

To order either or both Guides send an electronic email message containing your name, electronic and mailing addresses (including ZIP code), and telephone number (including area code) to: Mr. Greg Stalnaker

Supervisor, Government Markets
3MR Occupational Health and Environmental Safety Division
gstalnaker@mmm.com

OSHA Warns of Lyme Disease, OSHA Hazard Info Bulletin

To help employers implement an effective protection program, OSHA has issued a Hazard Information Bulletin. According to OSHA, those at highest risk of acquiring the tick-borne illness are outdoor workers in occupational settings such as construction, landscaping and forestry. Following recommendations from the CDC, the bulletin cautions workers to avoid tick habitats; wear clothing that keeps ticks from reaching the skin; use insect repellants; and, depending on their jobs, consider a protective vaccine. To obtain a copy of the bulletin and a Lyme disease fact sheet, visit www.osha.gov.

TRAINING COURSES AND CONFERENCES

EHSCE PDC's !!

The deadline of August 15 is approaching fast!

This will be your last opportunity to submit proposals for Professional Development Courses (PDCs) for EHSce (formerly AIHCE), AIHA's annual conference in New Orleans, LA, June 2-7, 2001. Click on www.aiha.org, then click on "EHSce 2001" in the lower left corner. Finally, click on "2001 Call for PDC Proposals" in the left-hand column for full information and a copy of the PDC proposal submission form. Please submit your form and accompanying materials according to the posted instructions. PDCs will be presented Saturday, June 2 and Sunday, June 3, 2001.

JUST THE FACTS

Source IAQ, Aerotech Laboratories, Inc

An estimated 8,000 to 18,000 people get Legionnaires' disease in the United States each year. Some people can be infected with the Legionella bacterium and have mild symptoms or no illness at all. Outbreaks of Legionnaires' disease receive significant media attention. However, this disease usually occurs as single, isolated cases not associated with any recognized outbreak. When outbreaks do occur, they are usually recognized in the summer and early fall, but cases may occur year-round. About 5% to 30% of people who have Legionnaires' disease die.

Indoor Air Pathogens

- ?? Staphylococcus aureus - is a spherical bacterium (coccus) which on microscopic examination appears in pairs, short chains, or bunched, grape-like clusters. These organisms are gram-positive. Some strains are capable of producing a highly heat-stable protein toxin that causes illness in humans.
- ?? Chaetomium sp.- a large ascomycetous fungus producing perithecia. It is found on a variety of substrates containing cellulose including paper and plant compost. It has been found on paper in sheetrock and is reported to be allergenic. Can produce an Acremonium like state on fungal media.
- ?? Potential Mycotoxins in Indoor Environments: Exposure to saprophytic fungi (molds) in indoor environments has been linked to a number of adverse health effects including, but not limited to, lethargy, allergies, asthma, infection, dermatitis and hypersensitive pneumonitis. While the aforementioned symptoms are intuitive and largely recognized by both the scientific and lay communities, there are significant secondary health effects associated with exposure to fungi, including idiopathic pulmonary hemosiderosis in infants, cytotoxicity, cognitive impairment, encephalopathies, immunosuppression, and cancer.
- ?? Aflatoxins are produced by Aspergillus flavus, and other Aspergillus spp. Health effects: forms DNA adducts, hepato-toxic, carcinogenic, immunotoxic.
- ?? Citrinin is produced by Penicillium expansum. Health effects: carcinogenic.
- ?? Cytochalasins is produced by Aspergillus clavatus. Health effects: inhibits cell division.
- ?? Griseofulvins is produced by Memnoniella, P. griseo-fulvum and P. viridicatum. Health nephrotoxic, carcinogenic.
- ?? Trichothecenes - satratoxins, verrucarins, and roridins are produced by Stachybotrys chartarum and Fusarium spp. Health effects: inhibits protein and nucleic acid synthesis, immunosuppressive, hemotoxic, hemorrhagic.
- ?? Sporidesmin is produced by Pithomyces chartarum. Health effects: hepatotoxic.

JOBS

APG, MD, Industrial Hygienist, GS -0690-09/11

Open Period 07/21/2000 -08/20/2000

Series/Grade: GS-0690-09/11

Salary: \$ 36,696 TO \$ 53,544,

Annual Promotion Potential : GS-11

Announcement Number: AG007701

Hiring Agency: US Army Medical Command

Duty Locations: ABERDEEN PROVING GRD, MD

REMARKS: Travel estimated at two weeks per year

CONTACT: Janice Thompson

PHONE: (410) 306-0150

INTERNET ADDRESS: Janice.Thompson@cpocner.apg.army.mil
U.S. Army North East Staffing Division
314 JOHNSON STREET
ABERDEEN PROVING GRO, MD 21005-5283

Ft Bliss, Tx, Industrial Hygienist, GS-0690-12/12

Open period -07/19/2000 - 08/18/2000
Series/Grade: GS-0690-12/12
Salary: \$ 50,139 TO \$ 65,179, ANNUAL
Promotion Potential: GS-12
Announcement Number: 052791JS0
Hiring Agency: US Army Medical Command
Duty Locations: EL PASO TX,
CONTACT: CPAC FORT BLISS TX, Ph(915) 568-2596
U.S. ARMY SOUTHWEST STAFFING DIVISION, BUILDING 301, MARSHALL AVE,
FORT RILEY, KS 66442

Ft Bliss, Tx, Industrial Hygiene Technician, GS-0640-07/07

Open Period 07/24/2000 - 08/07/2000
Series /Grade: GS-0640-07/07
Salary: \$ 28,265 TO \$ 36,741,
Annual Promotion Potential : GS-07
Announcement Number: 052815JW0
Hiring Agency : Army Medical Command
Duty Locations: EL PASO TX, TX
CONTACT: CPAC FORT BLISS TX , PHONE: (915) 568-2696
U.S. ARMY SOUTHWEST STAFFING DIVISION
BUILDING 301, MARSHALL AVE FORT RILEY, KS 66442

Ft Hood, Tx, Industrial Hygiene Technician, GS-0640-07/09

Open Period 06/09/2000 - 09/30/2000
Series/ Grade : GS-0640-07/09
Salary : \$ 28,265 TO \$ 34,575, ANNUAL
Promotion Potential: GS-09
Announcement Number: 032091DF0
Hiring Agency : Fld Operating Ofc of Ofc of Sec of Army
Duty Locations: Fort Hood, Tx
CONTACT: Debbie Forrester, PHONE: (785) 239-0064
INTERNET ADDRESS: forrestd@cpocswr-emh1.army.mil
U.S. ARMY SOUTHWEST STAFFING DIVISION BUILDING 301, MARSHALL AVE,
FORT RILEY, KS 66442

Natick Labs, Natick, MA, Industrial Hygienist, GS-0690-12/12

Period 08/07/2000 - 08/18/2000
Salary: \$ 51,989 TO \$ 67,583, ANNUAL
Promotion Potential: GS-12
Announcement Number: DBM0424988
Hiring Agency : US Army Medical Command
Duty Locations: NATICK, MA,

Contact : Jean Tyler
Phone: (410) 306-1278
INTERNET ADDRESS: Jean.Tyler@cpocner.apg.army.mil
U.S. ARMY NORTHEAST STAFFING DIVISION
314 JOHNSON STREET
ABERDEEN PROVING GRO, MD 21005-5283

Tulane University School of Public Health, Industrial Hygiene Technician, GS-0640-08/07

The Center for Applied Environmental Public Health (CAEPH) at Tulane University School of Public Health is finishing up enrollment for the Fall 2000 cohorts of our two Internet based MPH (Masters of Public Health) degree programs, the MPH in Occupational Health and Safety Management, and the MPH in Occupational Health.

We have 5-8 open positions and will accept applications until all positions are full. The Occupational Health (OH) program is designed for physicians, nurses and other health professionals who work in occupational health programs or clinics. The two-year, part-time program will provide the academic year required for board certification in preventive medicine/occupational medicine. The 36-hour curriculum includes study in biostatistics, epidemiology, health services management and administration, environmental health, toxicology, and occupational health.

These 2-year programs are synchronous in real-time with live interaction. MPH students attend class over the Internet by logging onto CAEPH's website and participating in a virtual class, broadcast from New Orleans. Courses are normally scheduled in the evening (usually once a week/course) for 2-3 hours with breaks for questions and discussion. A delayed website replay may also be accessed. A sense of community and collaboration is facilitated with group assignments, networking, on-line chat rooms, bulletin boards, conference calls and email.

Applications for both programs are being accepted now, and CAEPH will continue accepting students until the cohorts are full. Space is limited, and interested applicants are encouraged to apply as soon as possible.

For more information, visit our website <http://caeph.tulane.edu>. Or call (800) 862-2122 ext. 2, or send an email to dlinfo@mailhost.tcs.tulane.edu.

Peggy Farabaugh, Assistant Professor. Center for Applied Environmental Public Health (CAEPH). Tulane University School of Public Health & Tropical Medicine 1430 Tulane Avenue, TW-43 New Orleans, LA 70112, Tel. 800-862-2122 press #2, e-mail: dlinfo@mailhost.tcs.tulane.edu <http://caeph.tulane.edu>